MINUTES
Stakeholder Conference Call
March 10, 2006

Attendees: Stakeholders, Regional Community Services Staff, HarmonyIS Milestone Oversight team, HealthCarePerspective LLC team, Mrs. McIntosh-Wilson, Fordyce Mitchel, and Daphne Rosalis

1. Updates to the web-site
    a. Minutes from previous conference calls are now up to date.
    b. There will be a list of useful links for important issues such as satellite internet posted in the next coming weeks.
    c. There is a survey of CSR errors currently posted. Please review these errors and make any comments or additions. The purpose of this is to have up front edits that mimic the CSR that will catch errors prior to EDS receiving a claim. We ask that you have comments in to us by the end of March.
    d. Please review the Description of the Prior Authorization System at this Point document. This provides detailed information about the proposed system design. Please make comments or ask questions regarding this document.

2. Changes since the last conference call
    a. We have decided against asking for a census report at the end of each month.
    b. There will be in the authorization system the ability to have "hybrid" funding. There will be that ability for one service to be funded by state and another service funded by local and even within one services the ability to have a span of time authorized for state and a span of time authorized for local. We will work toward getting every person served having their match source entirely from state or entirely from local but during the transition period we will accommodate "hybrid" funding.
    c. We can authorize services funded with local match when local match isn't in the community services account. We will not be able to pay a claim until the local match has been received and registered in community services account. The authorization system will stop the claim and it will not go onto EDS. There are two options for addressing this scenario: the claim can be rejected or the claim can go into a pended state for a period of time (30 days) while the system searches for the funds daily. After the period of time the claim would be rejected and the provider would need to re-submit. The second option is the preferred solution.
    d. We will do prior authorizations on a fiscal year basis. We will uncouple it from the plan of care. We will give a full fiscal year worth of units but we'll adjust the units down by an absentee percentage. We take a projected number of units from the plan of care for the year and multiple them by 12 months. For residential and day habilitation we'll ask for an individual absentee percentage. For residential you have done this via the IRBI so you don't have to worry. For day habilitation we'll ask you to send us that percentage for each individual. We will put the percentage in the authorization. After the

projected units are calculated for the year Harmony will back out the absentee percentage for that person. You will have what is called a “slug” of units for the whole year. At the end of the fiscal year in the last quarter we will have reports at the regional level that will tell us what units have not been used and from this we will redistribute units to clients that have exceeded their absentee rate. I don’t think this is a major problem, but we will deal with it as if it were. We will assure that everyone has enough units so that whatever services were provided can be billed. You can view this explanation on the system description document on the web.